DOCUMENT RESUME

ED 094 524 EC 062 469

AUTHOR	Koocher, Robin C.
TITLE	What Does the Social Worker Do Anyway?
INSTITUTION	Boston Center for Blind Children, Mass.
PUB DATE	24 May 74
NOTE	9p.
EDRS PRICE	MF-$0.75 HC-$1.50 PLUS POSTAGE
DESCRIPTORS	Agency Role; *Blind; *Exceptional Child Services; *Parent Counseling; Parent Education; Public Relations; *Role Perception; Social Work; *Social Workers; Visually Handicapped
IDENTIFIERS	Boston Center for Blind Children

ABSTRACT

Social workers at the Boston Center for Blind Children function in the following areas: supportive casework with the parents of handicapped, visually-impaired children; coordination of services and resources to the children and families involved; and dissemination of information to the staffs of other agencies regarding Boston Center. The most difficult area is supportive case work with parents which involves such tasks as becoming aware of one's own reactions so as to be able to deal constructively with parental anger and frustration, providing emotional support to parents and helping them feel more comforable in relating to their child, and providing parents with an increased repertoire of activities in dealing with their child. The social worker facilitates contact with local and state agencies (such as the Visiting Nurse Association Assistance, which might be helpful in times of family disorganization, and the Massachusetts Commission for the Blind) and educates parents concerning laws which mandate a variety of services for the visually-impaired, multihandicapped child and his family. It is important for the social worker to make other agencies aware of Boston Center's program and services so that appropriate referrals can be made speedily. (GW)

ED 094524

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WHAT DOES THE SOCIAL WORKER DO ANYWAY?

ROBIN C. KOOCHER, M.S.S.S.
SOCIAL WORKER

MAY 24, 1974

BOSTON CENTER FOR BLIND CHILDREN
147 SOUTH HUNTINGTON AVENUE
BOSTON, MASSACHUSETTS 02130

EC062469

"WHAT DOES THE SOCIAL WORKER DO ANYWAY?"

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"A social worker? Why do I need a social worker? The teacher's the one who shows me what to do with Johnny; I don't need a social worker. I'm not on welfare. I don't have any problems; it's Johnny who needs help, not me and John Sr. What does a social worker do anyway?"

These questions, both spoken and unspoken, are often in the minds of parents involved in our preschool program. They were in my mind, too, when I first began to think of how to explain my role to the parents of children in our program. Everyone knows, after all, what the teacher does. She works at helping visually-impaired, multiple-handicapped children to function more effectively, and she demonstrates to parents various methods of working with their own children on important developmental tasks. By comparison, the social worker's role lacks concrete structure and creates a bit of insecurity as well.

The first job of the social worker, when contacting a family, is to begin to answer the question, "What are you here for?" and "What do you do anyway?" There are actually three distinct areas of functioning for the case worker in our program. Briefly stated these are: 1) Supportive casework with the parents of handicapped, visually-impaired children; 2) Coordination of services and resources to the children and families involved; and 3) Information to the staffs of other agencies regarding our services. Only the first two of these functions bear directly on the

social worker's involvement with the family, so before elaborating on each in detail, let us examine the questions previously posed.

To the parent who asks, "What do you do anyway," the worker might say: "My job is to keep in touch with you, and work with you on any problems that may come up in addition to the educational program which our teachers have put together. I will assist in finding community and financial resources to aid in Johnny's care and education. I will also work to coordinate efforts, for Johnny and your family, with all of the agencies that offer support and services to children with problems like his. In addition, I will be available to talk with you about other problems that come up, such as discussing Johnny's handicaps with your other children, or handling the sometimes embarrassing and painful questions of neighbors and other relatives. I will try to help you cope with Johnny's needs, aside from those which the teacher addresses."

SUPPORTIVE CASEWORK WITH PARENTS

Supportive casework is easily the most uneasy part of my job. The social worker's predicament is well summarized by a question posed by one of the parents: "Since working here, have you begun to think about whether you want to ever have children?" There are two levels to this question, both extremely important. If the social worker is to offer appropriate assistance to the family of the visually-impaired, multi-handicapped child, she must reexamine her own feelings and attitudes. She, too, may have magical wishes, anger, and resentment against the "senselessness of nature." She may feel guilty and possibly relieved that the misfortune fell upon someone else. If the worker is not aware of her own reactions, she will be unable to deal constructively with the parent's anger and frustration. Few persons can view a small child who is handicapped without feeling grief.

Acceptance of this reaction in herself and skillful handling of it can enhance the worker's approach to these families.

An unstated part of the above question is, "Will you be able to offer me anything in the way of help concerning a child like Johnny?" One of the social worker's goals is to provide an accepting, supportive atmosphere in which parents can feel comfortable to explore and discuss their concerns and feelings about their child and his future. In such a supportive atmosphere the social worker works to enable parents to better understand and cope with the special needs of their visually-impaired, handicapped child. Achieving this broad goal involves providing emotional support to parents and helping them feel more comfortable in relating to their child, and viewing their child's limitations in a realistic fashion; giving them an increased repertoire of activities and ways of dealing with their child; sharing information on areas of development particular to their child; and by informing them of services in the community that can be of help to them. The social worker strives to build on the strengths that each family has: she will share her knowledge of how certain problems might be met, but she will not attempt to take over responsibility for meeting the problem. As parents become comfortable with the worker and as their own feelings of competence develop, they can begin to apply themselves, in a more constructive manner, to the task of securing necessary help for their child, themselves, and the total family.

The parents of a visually-impaired, multi-handicapped child are faced with many realistic concerns. Many of them worry about whether they will be able to provide the care the child needs; how expensive will the care be; what will he be able to do; who will take care of him after his parents are dead? Changes in life style usually have to be made. It is common for

families, at times, to be angry and resentful of the constant demands placed upon them. These feelings are natural in view of their context. Most parents who have a handicapped child suffer chronic sorrow throughout their lives; this may be a natural reaction. Parents have been able to tell me that, "I realized how sad I was when I couldn't share the experience of seeing Christmas lights with Amanda." Another parent expresses the feeling that, "I'm jealous when I see a friend of mine playing ball with his boy and know I'll never be able to do that with my son." These parents were saying, in effect, "I wish my child could be different, but I realize that is just a dream and that makes me sad."

As mentioned at the beginning of this section, supportive casework is the most difficult aspect of the social worker's role, both to describe and to carry out. The social worker must confront her feelings and come to terms with them constructively. She must work with parents on different issues, where slow progress is often the rule, and magical solutions non-existent. Despite these difficulties, the relationships can be positive and growing ones for both parents and the social worker.

COORDINATION OF SERVICES AND RESOURCES

Initially, the social worker facilitates contact with many and varied agencies providing a variety of services for the visually-impaired, multi-handicapped child and his family. It is imperative that the child and his family be known to these agencies, both state and local, so that all appropriate resources be available now and in the future. The social worker shares these supplementary resources with the family sc that they learn what is available to them. It is important to help parents develop confidence in order to seek out services and become advocates for themselves and their child. Typical requests from parents might include: how to set

up a trust fund for the child, (which could be accomplished through MARC, Massachusetts Association for Retarded Citizens); obtaining proper dental care, (available, for example, through the Fernald School); having an audiology evaluation, (which might be arranged at the Perkins School, Deaf-Blind Unit).

Another example of the kind of supplementary service that the social worker would help to obtain might take the form of special housekeeping or Visiting Nurse Association Assistance during periods of family disorganization. When one mother of a severely retarded blind child faced the prospects of a short-term hospitalization, she was quite worried about how her child would be cared for in her absence. Grandmother was available to look after the child, but she had six other children to care for and could not supply the boy with all of the specialized attention he needed. In this case, we were able to take care of the concerns the mother had about the child's care, by arranging for the VNA to come by the house each day to help out.

As a social worker, I am also responsible for keeping parents informed of new developments in the laws which affect them and their children. For example, some of our children may be eligible for some Supplementary Security Income benefits (SSI) for the blind or disabled, authorized under the Social Security Administration. This program became effective January 1, 1974; however, until I mentioned it to parents and explained what steps to take, most of them had never heard of the program, despite publicity in the media.

Chapter 766 of the General Laws of Massachusetts, to be implemented in September, 1974, mandates that each local community identify and provide programs for children with "special needs," ages 3 to 21. This law will have significant impact for the future needs of children in our program.

It is important that parents be aware of this law and all its implications. Parents have at least as big a role in deciding the educational program for their child as any professional. The social worker works with parents in locating applicable resources and encourages parental advocacy whenever possible.

Our preschool program does not operate in a vacuum. The social worker has the responsibility for keeping open lines of communication with appropriate state and local agencies, among which are Massachusetts Commission for the Blind; State Department of Special Education; directors of special education in the public schools. These are the agencies who have an ongoing relationship with the parents and children. Only by working together now can we effectively plan the best programs and services for the child's benefit now and in the future. A good working relationship is the key element when working with any individual or agency; be it Department of Public Welfare, Children's Hospital, the public schools, or other agencies for the blind. It provides for a continuous exchange of information; our staff becomes aware of available resources which offer families further opportunities for assistance. With such cooperation, much can be accomplished for the child. Without it, both child and family suffer.

EDUCATION OF OTHER AGENCIES TO OUR SERVICES

"When we found out Judy was blind, we didn't know where to turn for help. We ended up looking in the Yellow Pages under "Blind," saw your Center listed, and called."

"John is 2½. We didn't know of any programs for him until 3 months ago, when a physical therapist at the hospital mentioned that another family with a blind/multi-handicapped child was receiving service from you. Why didn't we hear about you sooner?"

These kind of comments are heard again and again from parents. It is important for the social worker to make other agencies aware of our program and services so that appropriate referrals can be made speedily, thereby relieving the parents of the helpless and angry feelings they may have when told, "We don't know of any programs for your child." The earlier we can begin working with a child and his family the more we can all accomplish.

Recently, the preschool staff presented an overview of the Center and its programs at a seminar at the Children's Hospital Developmental Evaluation Clinic. Contacts such as this help to make our program more visible and more readily available to families who need our services, without requiring the Yellow Pages.

At the beginning of this paper you heard some basic questions about the role of the social worker; ie, "What does she do anyway? Why do I need one?" If there is a single point to be made in this paper, it is that the role of a social worker, in this setting, is a complex and multifaceted one. It is necessary to wear many hats and not always easy to explain the role definitively. Each aspect of the role is important in delivering effective assistance to these children and their families.

RCK/ml 5/24/74

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Stanley D. Klein, Ph.D., Editor in Chief, Boston, Massachusetts, The Exceptional Parent Magazine.